FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		NIZATION structions)	
1. NAME OF	(Check if na	ame Example: If typying, type	Office use only
COMMITTEE (in	full) is changed)	over the lines	12FE4M5
American Hea	alth Care Association Politic	cal Action Committee	
ADDRESS (number and	street) 1201 L Street,	NW 	
(Check if add	ress		
is changed)	Washington		DC 20005 - 1
	II ADDDECC	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
1			
COMMITTEE'S FAX	NUMBER		
با لبنا	لــــا لـــ		
2. DATE 0.5	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	ATION NUMBER	C C00006080	
4. IS THIS STATEM	MENT NEW (N)	OR X AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of	f my knowledge and belief it is true, correct	et and complete
Type or Print Name of	Treasurer Robert Var	ı Dyk	
,			
Signature of Treasure	r Electronically Filed by Rob	ert Van Dyk	Date 09 / 19 / 2006
NOTE: Submission of fa	·	ation may subject the person signing this stormation SHOULD BE REPORTE	Statement to the penalties of 2 U.S.C. S437g.
Office		For further informati	on contract.
Use Only		Federal Election Com Toll Free 800-424-953	mission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name of Candidate	
	Candidate Office House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (National, State (or subordinate) committee of the X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated	(Democratic, Republican,etc.) Party.
	committee.	Trulia or party
6.	Name of Any Connected Organization or Affiliated Committee	
L	<u> </u>	
	Mailing Address	
	CITY STATE A	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organi	zation
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name			
	Association Political Action Committee		
 Custodian of Records: Idea possession of Committee 	entify by name, address, (phone number books and records.	optional), and position of t	he person in
Full Name			
Mailing Address			
Title or Desition M	CITY A		
Title or Position ♥	CITY A	STATE	ZIP CODE A
		Telephone number	
Full Name	designated agent (e.g., assistant treasurer	<i>)</i> -	
Mailing Address	1201 L Street, NW		
	Washington	DC	20005
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
		Telephone number	
Full Name of Designated Agent			
Mailing Address	1201 L Street NW		
	Washington		20120
Title or Position ♥	CITY A	STATE A	ZIP CODE A

202

Telephone number

898

2856

	FEC Form	1 (Revised 02/	(2003)																								Pa	ıge	4		
9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.																														
	Name of Bank, De	epository, etc.																													
		BB&T					ı	I	ı		ı	1	1			ı	ı	ı	ı	ı		ı		ı							
	Mailing Address		РО Во	x 819	9 _					1				1								1									
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STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷